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**From:** Dakota Flowers <dakotaf@safechain.com>  
**Sent:** Wed 9/23/2020 6:52:20 PM (UTC)  
**To:** Pat Boyd <PatB@Safechain.com>  
**Cc:** compliance <compliance@Safechain.com>  
**Subject:** FW: Olympia Pharmacy Invoices  
**Attachment:** PED.0132431 9.4.20.pdf  
**Attachment:** PED.0132561 9.8.20.pdf  
**Attachment:** PED.0132699 9.10.20.pdf  
**Attachment:** PED. 0132805 9.11.20.pdf



**Dakota Flowers** | Compliance Support Specialist  
Safe Chain Solutions, LLC  
822 Chesapeake Drive | Cambridge, MD 21613  
office: 855.437.5727 x1022 | fax: 866.930.1128  
[www.SafeChain.com](http://www.SafeChain.com) | [LinkedIn](#)

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**From:** Dakota Flowers  
**Sent:** Tuesday, September 15, 2020 11:08 AM  
**To:** Jonathan Nicholls <JonathanN@Safechain.com>  
**Subject:** RE: Olympia Pharmacy Invoices

We have received and Completed all of T3's for the 9/2/20 invoice, 9/10/20 invoice, and 9/11/20 invoice.

I have all but the T3's besides the 4 for Genvoya for the 9/4/20 invoice. I have attached them all, obviously beside the one that are missing. As soon as I figure out what BLVD9229 is doing and as soon as they send me their pedigrees, I will update ours, I promise!

Please inform Olympia some T3's are two pages, so it may look confusing when first looking at them



**Dakota Flowers** | Compliance Support Specialist  
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office: 855.437.5727 x1022 | fax: 866.930.1128  
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**From:** Jonathan Nicholls <[JonathanN@Safechain.com](mailto:JonathanN@Safechain.com)>  
**Sent:** Tuesday, September 15, 2020 8:46 AM

GOVERNMENT  
EXHIBIT

161

1:24-cr-20255-WPD

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**To:** Dakota Flowers <[dakotaf@safechain.com](mailto:dakotaf@safechain.com)>

**Subject:** Olympia Pharmacy Invoices

Here you go



**Jon Nicholls | Senior Account Executive**

Safe Chain Solutions, LLC

822 Chesapeake Drive | Cambridge, MD 21613

office: 410.221.3107 | cell: 443.521.7904 | fax: 866.930.1128

[www.SafeChain.com](http://www.SafeChain.com) | [LinkedIn](#)

**Drug Supply Chain Security Act Document** Doc#00000015090**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT,

200/25MG

NDC: 61958-2002-01

Reference Number: 01132431

Document Type: Invoice

Reference Date: 09/04/20

Lot Number	Quantity	Unique Serial #
021088	17	

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES

Manufacturer's information 800 WHEELER AVE LA VERNE, CA 91750

<b>SOLD TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref : 7/24/20 114185	<b>SHIPPED TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref : 7/24/20 114185
<b>SOLD TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/03/20 851039	<b>SHIPPED TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 8/3/20 851039
<b>SOLD TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 08/07/20 PO#01209221	<b>SHIPPED TO:</b> Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 08/12/20 RC#013601
<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/04/20 01S30114001	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/04/20 01S30114001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

- (A) is authorized as required under the Drug Supply Chain Security Act;  
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
(D) did not knowingly ship a suspect or illegitimate product;  
(E) had systems and processes in place to comply with verification requirements under section 582;  
(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.

**Drug Supply Chain Security Act Document** Doc#00000015208**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT,

200/25MG

NDC: 61958-2002-01

Reference Number: 01132431

Document Type: Invoice

Reference Date: 09/04/20

Lot Number	Quantity	Unique Serial #
021086	1	
021087	6	
021596	13	

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES

Manufacturer's information: 800 WHEELER AVENUE LA VERNE, CA 91750

<b>SOLD TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref 7/24/20 114185	<b>SHIPPED TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref 7/24/20 114185
<b>SOLD TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/03/20 851039	<b>SHIPPED TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 8/3/20 851039
<b>SOLD TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 08/07/20 PO#01209222	<b>SHIPPED TO:</b> Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 08/17/20 RC#013661
<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/04/20 01S30114001	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/04/20 01S30114001
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

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(E) had systems and processes in place to comply with verification requirements under section 582;  
(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.



**Drug Supply Chain Security Act Document** Doc#00000015208**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT,

200/25MG

NDC: 61958-2002-01

Reference Number: 01132431

Document Type: Invoice

Reference Date: 09/04/20

Lot Number	Quantity	Unique Serial #
6425304A	13	

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES

Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

<b>SOLD TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref 7/24/20 114185	<b>SHIPPED TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref 7/24/20 114185
<b>SOLD TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/03/20 851039	<b>SHIPPED TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 8/3/20 851039
<b>SOLD TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 08/07/20 PO#01209222	<b>SHIPPED TO:</b> Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 08/17/20 RC#013661
<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/04/20 01S30114001	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/04/20 01S30114001
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

- (A) is authorized as required under the Drug Supply Chain Security Act;  
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
(D) did not knowingly ship a suspect or illegitimate product;  
(E) had systems and processes in place to comply with verification requirements under section 582;  
(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.

**Drug Supply Chain Security Act Document** Doc#00000015544**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

ATRIPLA TAB 30CT, 600; 200; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE, PLA

NDC: 15584-0101-01

Reference Number: 01132431

Document Type: Invoice

Reference Date: 09/04/20

Lot Number	Quantity	Unique Serial #
016332	1	

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES

Manufacturer's information 1800 WHEELER AVENUE LA VERNE, CA 91750

<b>SOLD TO:</b> <b>Name:</b> INDEPENDENT PHARMACY COOPERATIVE <b>Address:</b> 1500 COLUMBUS STREET SUN PRAIRIE, WI 53590 <b>Date Purchased &amp; Ref</b> 5/6/20 PO#159652	<b>SHIPPED TO:</b> <b>Name:</b> INDEPENDENT PHARMACY COOPERATIVE <b>Address:</b> 1500 COLUMBUS STREET SUN PRAIRIE, WI 53590 <b>Date Purchased &amp; Ref</b> : 5/6/20 PO#159652
<b>SOLD TO:</b> <b>Name:</b> STAINRX <b>Address:</b> 807 STANLEY AVENUE BROOKLYN, NY 11207 <b>Date Purchased &amp; Ref</b> 5/18/20 PO#1SN3315	<b>SHIPPED TO:</b> <b>Name:</b> STAINRX <b>Address:</b> 807 STANLEY AVENUE BROOKLYN, NY 11207 <b>Date Purchased &amp; Ref</b> : 5/18/20 PO#1SN3315
<b>SOLD TO:</b> <b>Name:</b> BNR WHOLESALER <b>Address:</b> 3858 NOSTRAND AVENUE BROOKLYN, NY 11235 <b>Date Purchased &amp; Ref</b> : 05/22/20 PO#01A2566	<b>SHIPPED TO:</b> <b>Name:</b> BNR WHOLESALER <b>Address:</b> 3858 NOSTRAND AVENUE BROOKLYN, NY 11235 <b>Date Purchased &amp; Ref</b> : 05/22/20 <b>01S30114001</b>
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD REGO PARK NY 11374 <b>Date Purchased &amp; Ref</b> 5/27/20 PO#01208268	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD REGO PARK NY 11374 <b>Date Purchased &amp; Ref</b> 06/08/20 PO#01208268
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref</b> : 07/31/20 <b>PO#01209513</b>	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref</b> : 07/31/20 <b>RC#013890</b>

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

- (A) is authorized as required under the Drug Supply Chain Security Act;  
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
(D) did not knowingly ship a suspect or illegitimate product;  
(E) had systems and processes in place to comply with verification requirements under section 582;  
(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000015544

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>ATRIPLA TAB 30CT, 600; 200; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE, PLA</b>			Reference Number: <u>01132431</u>											
NDC: 15584-0101-01			Document Type: <u>Invoice</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>016332</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	016332	1								Reference Date: <u>09/04/20</u>	
Lot Number	Quantity	Unique Serial #												
016332	1													

## (TH) Transaction History (Continued)

<b>SOLD TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Purchased & Ref : <b>09/04/20      01S30114001</b>	<b>SHIPPED TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Received & Ref : <b>09/04/20      01S30114001</b>
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> ATRIPLA TAB 30CT			<b>Reference Number:</b> 01132431 <b>Document Type:</b> INVOICE <b>Reference Date:</b> 07/31/2020											
<b>NDC:</b> 15584-0101-01														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>015850</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	015850	1									
Lot Number	Quantity	Unique Serial #												
015850	1													

## (TH) Transaction History

**Manufacturer's Name:** Gilead Sciences, Inc.  
**Manufacturer's information:** 1800 WHEELER AVENUE LA VERNE, CA 91750

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 05/01/20 PO#159632	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 05/11/20
<b>SOLD TO:</b> <b>Name:</b> LMP Pharmacy <b>Address:</b> 7535 Main Str Flushing, NY 11367 <b>Date Purchased &amp; Ref :</b> 05/26/20 PO#5248	<b>SHIPPED TO:</b> <b>Name:</b> LMP Pharmacy <b>Address:</b> 7535 Main Str Flushing, NY 11367 <b>Date Received &amp; Ref :</b> 05/26/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 06/05/20 PO#01A2608	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 06/05/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 06/10/20 PO#01208543	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 06/24/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 07/31/20 PO#9134	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 07/31/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> ATRIPLA TAB 30CT			<b>Reference Number:</b> <u>01I32431</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>07/31/2020</u>											
<b>NDC:</b> 15584-0101-01														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>015850</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	015850	1									
Lot Number	Quantity	Unique Serial #												
015850	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC <b>Address:</b> 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/04/20 01S30114001	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC <b>Address:</b> 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/04/20 01S30114001
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b> 06/05/20 PO#01A2608	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b> 06/05/20
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:  
ATRIPLA TAB 30CT

NDC: 15584-0101-01

Reference Number: 01132431

Document Type: INVOICE

Reference Date: 07/29/2020

Lot Number	Quantity	Unique Serial #
016666	1	

## (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.  
Manufacturer's information 1800 WHEELER AVENUE LA VERNE, CA 91750

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 05/05/20 PO#159649	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 05/08/20
<b>SOLD TO:</b> <b>Name:</b> LMP Pharmacy <b>Address:</b> 7535 Main Str Flushing, NY 11367 <b>Date Purchased &amp; Ref :</b> 05/29/20 PO#5254	<b>SHIPPED TO:</b> <b>Name:</b> LMP Pharmacy <b>Address:</b> 7535 Main Str Flushing, NY 11367 <b>Date Received &amp; Ref :</b> 05/29/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 06/02/20 PO#01A2597	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 06/02/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 06/10/20 PO#01208593	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 06/26/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 07/29/20 PO#9125	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 07/29/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
(D) did not knowingly ship a suspect or illegitimate product;  
(E) had systems and processes in place to comply with verification requirements under section 582;  
(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> ATRIPLA TAB 30CT			<b>Reference Number:</b> <u>01I32431</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>07/29/2020</u>											
<b>NDC:</b> 15584-0101-01														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>016666</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	016666	1									
Lot Number	Quantity	Unique Serial #												
016666	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC <b>Address:</b> 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/04/20 01S30114001	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC <b>Address:</b> 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/04/20 01S30114001
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED  
in 1 BOTTLE

NDC: 49702-0231-13

Reference Number: 01132561

Document Type: INVOICE

Reference Date: 09/08/2020

Lot Number	Quantity	Unique Serial #
PL3D	2	
VW6H	1	
PG9F	2	

## (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

### SOLD TO:

Name: Independent Pharmacy Cooperative  
Address: 1550 Columbus Street  
Sun Prairie, WI 53590

Date Purchased &amp; Ref : 07/22/20 PO#160092

### SHIPPED TO:

Name: Independent Pharmacy Cooperative  
Address: 1550 Columbus Street  
Sun Prairie, WI 53590

Date Received &amp; Ref : 07/22/20

### SOLD TO:

Name: StainRx  
Address: 807 Stanley Ave  
Brooklyn, NY 11207

Date Purchased &amp; Ref : 08/12/20 PO#1SN3515

### SHIPPED TO:

Name: StainRx  
Address: 807 Stanley Ave  
Brooklyn, NY 11207

Date Received &amp; Ref : 08/12/20

### SOLD TO:

Name: BNR Wholesaler  
Address: 3858 Nostrand Ave  
Brooklyn, NY 11235

Date Purchased &amp; Ref : 08/24/20 PO#01A2820

### SHIPPED TO:

Name: BNR Wholesaler  
Address: 3858 Nostrand Ave  
Brooklyn, NY 11235

Date Received &amp; Ref : 08/24/20

### SOLD TO:

Name: BOULEVARD 9229 LLC  
Address: 9229 QUEENS BLVD STE 11  
REGO PARK, NY 11374

Date Purchased &amp; Ref : 09/02/20 PO#01209608

### SHIPPED TO:

Name: BOULEVARD 9229 LLC  
Address: 9229 QUEENS BLVD STE 11  
REGO PARK, NY 11374

Date Received &amp; Ref : 09/02/20

### SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC  
Address: 822 CHESAPEAKE DR  
CAMBRIDGE MD 21613

Date Purchased &amp; Ref : 09/08/20 PO#9268

### SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC  
Address: 822 CHESAPEAKE DR  
CAMBRIDGE MD 21613

Date Received &amp; Ref : 09/08/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
 (D) did not knowingly ship a suspect or illegitimate product;  
 (E) had systems and processes in place to comply with verification requirements under section 582;  
 (F) did not knowingly provide false transaction information; and  
 (G) did not knowingly alter the transaction history.



# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE NDC: 49702-0231-13			<b>Reference Number:</b> <u>01132561</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>09/08/2020</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>PL3D</td> <td>2</td> <td></td> </tr> <tr> <td>VW6H</td> <td>1</td> <td></td> </tr> <tr> <td>PG9F</td> <td>2</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	PL3D	2		VW6H	1		PG9F	2			
Lot Number	Quantity	Unique Serial #												
PL3D	2													
VW6H	1													
PG9F	2													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/08/20 01S29942002	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/08/20 01S29942002
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED  
in 1 BOTTLE

NDC: 49702-0231-13

Reference Number: 01132561

Document Type: INVOICE

Reference Date: 09/08/2020

Lot Number	Quantity	Unique Serial #
KD2R	1	
X46V	1	
V59A	1	

## (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

### SOLD TO:

Name: Independent Pharmacy Cooperative  
Address: 1550 Columbus Street  
Sun Prairie, WI 53590

Date Purchased & Ref : 07/29/20 PO#160125

### SHIPPED TO:

Name: Independent Pharmacy Cooperative  
Address: 1550 Columbus Street  
Sun Prairie, WI 53590

Date Received & Ref : 07/29/20

### SOLD TO:

Name: StainRx  
Address: 807 Stanley Ave  
Brooklyn, NY 11207

Date Purchased & Ref : 08/10/20 PO#1SN3510

### SHIPPED TO:

Name: StainRx  
Address: 807 Stanley Ave  
Brooklyn, NY 11207

Date Received & Ref : 08/10/20

### SOLD TO:

Name: BNR Wholesaler  
Address: 3858 Nostrand Ave  
Brooklyn, NY 11235

Date Purchased & Ref : 08/21/20 PO#01A2802

### SHIPPED TO:

Name: BNR Wholesaler  
Address: 3858 Nostrand Ave  
Brooklyn, NY 11235

Date Received & Ref : 08/21/20

### SOLD TO:

Name: BOULEVARD 9229 LLC  
Address: 9229 QUEENS BLVD STE 11  
REGO PARK, NY 11374

Date Purchased & Ref : 09/02/20 PO#01209608

### SHIPPED TO:

Name: BOULEVARD 9229 LLC  
Address: 9229 QUEENS BLVD STE 11  
REGO PARK, NY 11374

Date Received & Ref : 09/02/20

### SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC  
Address: 822 CHESAPEAKE DR  
CAMBRIDGE MD 21613

Date Purchased & Ref : 09/08/20 PO#9268

### SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC  
Address: 822 CHESAPEAKE DR  
CAMBRIDGE MD 21613

Date Received & Ref : 09/08/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE NDC: 49702-0231-13			<b>Reference Number:</b> <u>01132561</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>09/08/2020</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>KD2R</td> <td>1</td> <td></td> </tr> <tr> <td>X46V</td> <td>1</td> <td></td> </tr> <tr> <td>V59A</td> <td>1</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	KD2R	1		X46V	1		V59A	1			
Lot Number	Quantity	Unique Serial #												
KD2R	1													
X46V	1													
V59A	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/08/20 01S29942002	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/08/20 01S29942002
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE			<b>Reference Number:</b> <u>01132561</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>09/08/2020</u>											
<b>NDC:</b> 49702-0231-13														
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Lot Number	Quantity	Unique Serial #												
WE7K	1													
SE9Y	1													

## (TH) Transaction History

**Manufacturer's Name:** ViiV Healthcare  
**Manufacturer's information:** Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 07/23/20 PO#160098	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 07/23/20
<b>SOLD TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Purchased &amp; Ref :</b> 08/07/20 PO#1SN3508	<b>SHIPPED TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Received &amp; Ref :</b> 08/07/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 08/25/20 PO#01A2828	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 08/25/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 09/02/20 PO#01209608	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 09/02/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 09/08/20 PO#9268	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 09/08/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
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 (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE NDC: 49702-0231-13			<b>Reference Number:</b> <u>01I32561</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>09/08/2020</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>WE7K</td> <td>1</td> <td></td> </tr> <tr> <td>SE9Y</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	WE7K	1		SE9Y	1						
Lot Number	Quantity	Unique Serial #												
WE7K	1													
SE9Y	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/08/20 01S29942002	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/08/20 01S29942002
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT, 200; 25; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01132561

NDC: 61958-2101-01

Document Type: INVOICE

Reference Date: 09/08/2020

Lot Number	Quantity	Unique Serial #
020236	2	
020236	2	

## (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information: 100 WHEELER AVE LA VERNE, CA 91750

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 07/24/20 PO#160103	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 07/24/20
<b>SOLD TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Purchased &amp; Ref :</b> 08/13/20 PO#1SN3517	<b>SHIPPED TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Received &amp; Ref :</b> 08/13/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 08/20/20 PO#01A2798	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 08/20/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 09/02/20 PO#01209608	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 09/02/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 09/08/20 PO#9268	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 09/08/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
(D) did not knowingly ship a suspect or illegitimate product;  
(E) had systems and processes in place to comply with verification requirements under section 582;  
(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> ODEFSEY TAB 30CT, 200; 25; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC			<b>Reference Number:</b> 01132561											
<b>NDC:</b> 61958-2101-01			<b>Document Type:</b> INVOICE											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>020236</td> <td>2</td> <td></td> </tr> <tr> <td>020235</td> <td>2</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	020236	2		020235	2					<b>Reference Date:</b> 09/08/2020	
Lot Number	Quantity	Unique Serial #												
020236	2													
020235	2													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/08/20 01S29942002	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/08/20 01S29942002
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> SYMTUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED 30 TABLET, FILM COATED in 1 BOTTLE NDC: 59676-0800-30			<b>Reference Number:</b> 01132699 <b>Document Type:</b> INVOICE <b>Reference Date:</b> 09/10/2020
<b>Lot Number</b>	<b>Quantity</b>	<b>Unique Serial #</b>	
20EG062	3		
20GG131	2		
20AG853X	1		

## (TH) Transaction History

**Manufacturer's Name:** Janssen Pharmaceuticals, Inc.  
**Manufacturer's information:** 1000 U.S. Route 202 South, Raritan, NJ 08869

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 07/29/20 PO#160125	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 07/29/20
<b>SOLD TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Purchased &amp; Ref :</b> 08/18/20 PO#1SN3523	<b>SHIPPED TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Received &amp; Ref :</b> 08/18/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 08/30/20 PO#01A2861	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 08/30/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 09/09/20 PO#01209667	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 09/09/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 09/10/20 PO#9273	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 09/10/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
 (D) did not knowingly ship a suspect or illegitimate product;  
 (E) had systems and processes in place to comply with verification requirements under section 582;  
 (F) did not knowingly provide false transaction information; and  
 (G) did not knowingly alter the transaction history.



SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> SYMTUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED 30 TABLET, FILM COATED in 1 BOTTLE NDC: 59676-0800-30			<b>Reference Number:</b> <u>01I32699</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>09/10/2020</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>20EG062</td> <td>3</td> <td></td> </tr> <tr> <td>20GG131</td> <td>2</td> <td></td> </tr> <tr> <td>20AG853X</td> <td>1</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	20EG062	3		20GG131	2		20AG853X	1			
Lot Number	Quantity	Unique Serial #												
20EG062	3													
20GG131	2													
20AG853X	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/10/20 01S29942004	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/10/20 01S29942004
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED  
30 TABLET, FILM COATED in 1 BOTTLE

NDC: 59676-0800-30

Reference Number: 01132699

Document Type: INVOICE

Reference Date: 09/10/2020

Lot Number	Quantity	Unique Serial #
19MG726	9	

## (TH) Transaction History

Manufacturer's Name: Janssen Pharmaceuticals, Inc.

Manufacturer's information 1000 U.S. Route 202 South, Raritan, NJ 08869

### SOLD TO:

Name: Independent Pharmacy Cooperative  
Address: 1550 Columbus Street  
Sun Prairie, WI 53590

Date Purchased & Ref : 07/30/20 PO#160129

### SHIPPED TO:

Name: Independent Pharmacy Cooperative  
Address: 1550 Columbus Street  
Sun Prairie, WI 53590

Date Received & Ref : 07/30/20

### SOLD TO:

Name: StainRx  
Address: 807 Stanley Ave  
Brooklyn, NY 11207

Date Purchased & Ref : 08/21/20 PO#1SN3529

### SHIPPED TO:

Name: StainRx  
Address: 807 Stanley Ave  
Brooklyn, NY 11207

Date Received & Ref : 08/21/20

### SOLD TO:

Name: BNR Wholesaler  
Address: 3858 Nostrand Ave  
Brooklyn, NY 11235

Date Purchased & Ref : 08/28/20 PO#01A2849

### SHIPPED TO:

Name: BNR Wholesaler  
Address: 3858 Nostrand Ave  
Brooklyn, NY 11235

Date Received & Ref : 08/28/20

### SOLD TO:

Name: BOULEVARD 9229 LLC  
Address: 9229 QUEENS BLVD STE 11  
REGO PARK, NY 11374

Date Purchased & Ref : 09/09/20 PO#01209667

### SHIPPED TO:

Name: BOULEVARD 9229 LLC  
Address: 9229 QUEENS BLVD STE 11  
REGO PARK, NY 11374

Date Received & Ref : 09/09/20

### SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC  
Address: 822 CHESAPEAKE DR  
CAMBRIDGE MD 21613

Date Purchased & Ref : 09/10/20 PO#9273

### SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC  
Address: 822 CHESAPEAKE DR  
CAMBRIDGE MD 21613

Date Received & Ref : 09/10/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> SYMTUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED 30 TABLET, FILM COATED in 1 BOTTLE NDC: 59676-0800-30			<b>Reference Number:</b> <u>01I32699</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>09/10/2020</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>19MG726</td> <td>9</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	19MG726	9									
Lot Number	Quantity	Unique Serial #												
19MG726	9													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/10/20 01S29942004	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/10/20 01S29942004
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC			Reference Number: <u>01132699</u>
NDC: 61958-2501-01			Document Type: <u>INVOICE</u>
Lot Number	Quantity	Unique Serial #	Reference Date: <u>09/10/2020</u>
CCZBZA	3		
CDFXXA	7		
CCZBWA	4		

## (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.  
Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 07/28/20 PO#160120	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 07/28/20
<b>SOLD TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Purchased &amp; Ref :</b> 08/14/20 PO#1SN3519	<b>SHIPPED TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Received &amp; Ref :</b> 08/14/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 08/26/20 PO#01A2835	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 08/26/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 09/09/20 PO#01209667	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 09/09/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 09/10/20 PO#9273	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 09/10/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
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(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC			<b>Reference Number:</b> <u>01I32699</u> <b>Document Type:</b> <u>INVOICE</u> <b>Reference Date:</b> <u>09/10/2020</u>											
<b>NDC:</b> 61958-2501-01														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>CCZBZA</td> <td>3</td> <td></td> </tr> <tr> <td>CDFXXA</td> <td>7</td> <td></td> </tr> <tr> <td>CCZBWA</td> <td>4</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	CCZBZA	3		CDFXXA	7		CCZBWA	4			
Lot Number	Quantity	Unique Serial #												
CCZBZA	3													
CDFXXA	7													
CCZBWA	4													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/10/20 01S29942004	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/10/20 01S29942004
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01132699

NDC: 61958-2501-01

Document Type: INVOICE

Reference Date: 09/10/2020

Lot Number	Quantity	Unique Serial #
CDGWYA	1	
CCZCFA	3	
022534	1	

## (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

### SOLD TO:

Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street  
Sun Prairie, WI 53590

Date Purchased &amp; Ref : 07/31/20 PO#160135

### SHIPPED TO:

Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street  
Sun Prairie, WI 53590

Date Received &amp; Ref : 07/31/20

### SOLD TO:

Name: StainRx

Address: 807 Stanley Ave  
Brooklyn, NY 11207

Date Purchased &amp; Ref : 08/18/20 PO#1SN3523

### SHIPPED TO:

Name: StainRx

Address: 807 Stanley Ave  
Brooklyn, NY 11207

Date Received &amp; Ref : 08/18/20

### SOLD TO:

Name: BNR Wholesaler

Address: 3858 Nostrand Ave  
Brooklyn, NY 11235

Date Purchased &amp; Ref : 08/25/20 PO#01A2828

### SHIPPED TO:

Name: BNR Wholesaler

Address: 3858 Nostrand Ave  
Brooklyn, NY 11235

Date Received &amp; Ref : 08/25/20

### SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD STE 11  
REGO PARK, NY 11374

Date Purchased &amp; Ref : 09/09/20 PO#01209667

### SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD STE 11  
REGO PARK, NY 11374

Date Received &amp; Ref : 09/09/20

### SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR  
CAMBRIDGE MD 21613

Date Purchased &amp; Ref : 09/10/20 PO#9273

### SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR  
CAMBRIDGE MD 21613

Date Received &amp; Ref : 09/10/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC			<b>Reference Number:</b> 01I32699											
<b>NDC:</b> 61958-2501-01			<b>Document Type:</b> INVOICE											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>CDGWYA</td> <td>1</td> <td></td> </tr> <tr> <td>CCZCFA</td> <td>3</td> <td></td> </tr> <tr> <td>022534</td> <td>1</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	CDGWYA	1		CCZCFA	3		022534	1		<b>Reference Date:</b> 09/10/2020	
Lot Number	Quantity	Unique Serial #												
CDGWYA	1													
CCZCFA	3													
022534	1													

## (TH) Transaction History

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/10/20 01S29942004	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/10/20 01S29942004
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

NDC: 61958-2501-01

Reference Number: 01132699

Document Type: INVOICE

Reference Date: 09/10/2020

Lot Number	Quantity	Unique Serial #
CDFYDA	3	
CCZCBA	1	
CDFXYA	2	

## (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 07/21/20 PO#160086	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 07/21/20
<b>SOLD TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Purchased &amp; Ref :</b> 08/12/20 PO#1SN3515	<b>SHIPPED TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Received &amp; Ref :</b> 08/12/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 08/21/20 PO#01A2802	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 08/21/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 09/09/20 PO#01209667	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 09/09/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 09/10/20 PO#9273	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 09/10/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
(D) did not knowingly ship a suspect or illegitimate product;  
(E) had systems and processes in place to comply with verification requirements under section 582;  
(F) did not knowingly provide false transaction information; and  
(G) did not knowingly alter the transaction history.



# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC			<b>Reference Number:</b> 01I32699 <b>Document Type:</b> INVOICE <b>Reference Date:</b> 09/10/2020											
<b>NDC:</b> 61958-2501-01														
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Lot Number	Quantity	Unique Serial #												
CDFYDA	3													
CCZCBA	1													
CDFXYA	2													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/10/20 01S29942004	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/10/20 01S29942004
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC			<b>Reference Number:</b> 01132699										
<b>NDC:</b> 61958-2501-01			<b>Document Type:</b> INVOICE										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>6341502A</td> <td>1</td> <td></td> </tr> <tr> <td>CCZCCA</td> <td>1</td> <td></td> </tr> <tr> <td>6341501A</td> <td>1</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	6341502A	1		CCZCCA	1		6341501A	1		<b>Reference Date:</b> 09/10/2020
Lot Number	Quantity	Unique Serial #											
6341502A	1												
CCZCCA	1												
6341501A	1												

## (TH) Transaction History

**Manufacturer's Name:** Gilead Sciences, Inc.  
**Manufacturer's information:** 1800 Wheeler Avenue, La Verne, CA 91750

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 07/29/20 PO#160125	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 07/29/20
<b>SOLD TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Purchased &amp; Ref :</b> 08/20/20 PO#1SN3527	<b>SHIPPED TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Received &amp; Ref :</b> 08/20/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 08/24/20 PO#01A2820	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 08/24/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 09/09/20 PO#01209667	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 09/09/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 09/10/20 PO#9273	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 09/10/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC			<b>Reference Number:</b> 01I32699											
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Lot Number	Quantity	Unique Serial #												
6341502A	1													
CCZCCA	1													
6341501A	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/10/20 01S29942004	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/10/20 01S29942004
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b> <b>Date Received &amp; Ref :</b>
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# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

NDC: 61958-2501-01

Reference Number: 01132699

Document Type: INVOICE

Reference Date: 09/10/2020

Lot Number	Quantity	Unique Serial #
CCZCDA	1	
CDFYFA	1	

## (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

<b>SOLD TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Purchased &amp; Ref :</b> 07/29/20 PO#160125	<b>SHIPPED TO:</b> <b>Name:</b> Independent Pharmacy Cooperative <b>Address:</b> 1550 Columbus Street Sun Prairie, WI 53590 <b>Date Received &amp; Ref :</b> 07/29/20
<b>SOLD TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Purchased &amp; Ref :</b> 08/17/20 PO#1SN3521	<b>SHIPPED TO:</b> <b>Name:</b> StainRx <b>Address:</b> 807 Stanley Ave Brooklyn, NY 11207 <b>Date Received &amp; Ref :</b> 08/17/20
<b>SOLD TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Purchased &amp; Ref :</b> 08/26/20 PO#01A2835	<b>SHIPPED TO:</b> <b>Name:</b> BNR Wholesaler <b>Address:</b> 3858 Nostrand Ave Brooklyn, NY 11235 <b>Date Received &amp; Ref :</b> 08/26/20
<b>SOLD TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Purchased &amp; Ref :</b> 09/09/20 PO#01209667	<b>SHIPPED TO:</b> <b>Name:</b> BOULEVARD 9229 LLC <b>Address:</b> 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 <b>Date Received &amp; Ref :</b> 09/09/20
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref :</b> 09/10/20 PO#9273	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref :</b> 09/10/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
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(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

<b>Drug Name, Strength, Dosage Form, Container Size:</b> BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC			<b>Reference Number:</b> 01132699											
<b>NDC:</b> 61958-2501-01			<b>Document Type:</b> INVOICE											
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Lot Number	Quantity	Unique Serial #												
CCZCDA	1													
CDFYFA	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref :</b> 09/10/20 01S29942004	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC 5901 W <b>Address:</b> OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref :</b> 09/10/20 01S29942004
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref :</b>	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref :</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

**Drug Supply Chain Security Act Document** Doc#00000015855**(TI) Transaction Information**

<b>Drug Name, Strength, Dosage Form, Container Size:</b> <b>STRIBILD TAB 30CT,</b> <b>150/150/200/300 MG</b> <b>NDC: 61958-1201-01</b>			<b>Reference Number:</b> <u>01132805</u> <b>Document Type:</b> <u>Invoice</u> <b>Reference Date:</b> <u>09/11/20</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>016341</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	016341	1									
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016341	1													

**(TH) Transaction History**

**Manufacturer's Name:** GILEAD SCIENCES, INC  
**Manufacturer's information:** 800 WHEELER AVENUE LA VERNA, CA 91750

<b>SOLD TO:</b> <b>Name:</b> DROGUERIA BETANCES <b>Address:</b> LUIS MUNOZ MARIN AVE CAGUAS PR 00725 <b>Date Purchased &amp; Ref</b> 09/1/20            114221	<b>SHIPPED TO:</b> <b>Name:</b> DROGUERIA BETANCES <b>Address:</b> LUIS MUNOZ MARIN AVE CAGUAS PR 00725 <b>Date Received &amp; Ref</b> 09/1/20            114221
<b>SOLD TO:</b> <b>Name:</b> GENTEK LLC <b>Address:</b> 45 CEDAR ST UNIT 3 STAMFORD CT 06902 <b>Date Purchased &amp; Ref</b> : 09/04/20            85115	<b>SHIPPED TO:</b> <b>Name:</b> GENTEK LLC <b>Address:</b> 45 CEDAR ST UNIT 3 STAMFORD CT 06902 <b>Date Received &amp; Ref</b> : 09/04/20            85115
<b>SOLD TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS, LLC <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Purchased &amp; Ref</b> : 09/10/20            PO#01209685	<b>SHIPPED TO:</b> <b>Name:</b> SAFE CHAIN SOLUTIONS <b>Address:</b> 822 CHESAPEAKE DR CAMBRIDGE MD 21613 <b>Date Received &amp; Ref</b> : 09/10/20            RC#014110
<b>SOLD TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC <b>Address:</b> 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Purchased &amp; Ref</b> : 09/11/20            01S30135001	<b>SHIPPED TO:</b> <b>Name:</b> OLYMPIA PLAZA PHARMACY INC <b>Address:</b> 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 <b>Date Received &amp; Ref</b> : 09/11/20            01S30135001
<b>SOLD TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Purchased &amp; Ref</b> :	<b>SHIPPED TO:</b> <b>Name:</b> <b>Address:</b>  <b>Date Received &amp; Ref</b> :

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